ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LXIII No. 7 JULY, 1959

EDITORIAL

" Euthanasia applied to hopeless children would relieve a serious medical problem."
—SIR RONALD FISHER[1]

The value of a Life has been questioned by men of all civilisations and it is interesting that even over the millenia they do not reach the same conclusion. Men range in their views from a regard of the absolute sanctity of all forms of life (the Buddhists for example) to the races who practice human sacrifice, whether as an appeasement to a god or to accompany a dead king in his future life. Our own civilisation has been based on Christianity which emphasises the sanctity of human Life, but not that of animals; and broadly speaking this is the attitude of modern Europeans, whether they are Christians or not, since they are all products of that civilisation.

To dispose of " hopeless children " in the way suggested by Sir Ronald Fisher is to shirk the issue at stake instead of setting out to solve it—the only way in which anything can be achieved. It is an entirely negative approach which is not characteristic of the medical profession and should not be.

Worse, if once such methods came into current use there could be no foreseeable limit to the extent of their misuse. In the past when strange and " incurable " diseases have presented themselves they have not been faced in this defeatist manner. Why should this happen now? We may have surrounded ourselves with more destructive methods than ever before, but our constructive methods have increased accordingly and more. With the possibility of radiation hazards threatening future generations with an increase in the number of " hopeless children," we cannot afford to be so complacent about the taking of human lives for convenience. Fortunately the Hippocratic tradition to respect human life has not been lost. As recently as 1949 with World Medical Association approved in the Declaration of Geneva the statement that: " I will maintain the utmost respect for human life from the moment of conception . . . "

Another comment which must be made is that there seems to be considerable discrepancy between the very rigorous control of new drugs and new techniques, lest there be even a minimal fatality while at the other end of the scale lives are toyed with as though they were of utilitarian value only.

Even as materialism grows, even as man becomes more satisfied with his own achievements and feels ever more secure within his world of concrete and steel, most men still

[1] Emeritus Professor of Genetics, University of Cambridge; at a Press Interview during his lecture tour of Australia. The Times, 10th April, 1959.

shrink from the idea of the taking of human life although it may appear to be for the common good. Now more than ever before man's rights (not least his life) are safeguarded: our practice of Medicine and our laws have ensured this and given mankind a greater confidence than perhaps it has ever enjoyed before. It would be shattering if this confidence were removed, if the apparent problems of over-population, of old age and even disease were to be overcome by such drastic means. And yet if such means are not used and if the objection is not on religious grounds it must be sentimental and traditional and nowadays sentiment and tradition carry little weight. The means are at our disposal and we must be able to assess their value according to the value we place on a human life. If we merely regard its usefulness either to itself or the community then our way is clear and we should have no further hesitation as to the means. It is a logical conclusion and yet one which few people are sufficiently honest to acknowledge. However, our course is equally clear if we should have grounds for thinking in terms of permanent and unchanging values which are difficult to ignore in the light of the events of the last two thousand years and those of human experience outside our own civilisation. Yet they are increasingly ignored—for convenience?

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Printing Dispute

Going to press we observe that not only has there been a ban on overtime in the Printing Trade, but also by printing ink delivery workers. They are asking for a 10% rise in wages and a shorter working week—just another incident in the eternal wage spiral.

One cannot help suspecting that demands for shorter working hours is merely an excuse for increasing overtime work. What, after all, are men doing with ever-increasing free time? Many are probably using it to add to their fortunes in other ways. Surely it would provide a more stable and more useful existence for the men and a greater efficiency for the industry if they were to stay at their work for a little longer? One hopes, after all, that some men are *interested* in the work they have chosen for themselves.

Post Script. Meanwhile the strike has come to an end, and we would like to take this opportunity of thanking the printers, Messrs. Groves, Brodie & Co., for their magnificent co-operation throughout, and particularly for enabling us to produce the June issue at the height of the strike.

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Fifty Years Ago

The Editor complained of " the deplorable epidemic of slackness which is at present attacking so many members of the students union."

His distress is apparent when he comments that " We have not observed any marked increase in devotion to medical studies, which might in some degree explain this lamentable state of affairs." [This is happily in marked contrast to the Editor's comments of February of this year: "The vigour of the student body is in many ways reflected by the number and the vigour of the societies which it supports."]

The main article of the month was one concluding the series on the "Preparation and Use of Bacterial Vaccines", by T. J. Horder and W. Girling Ball. It is interesting to notice some of the conditions for which active therapeutic immunisation was considered beneficial—gonorrhoeal arthritis and erysipelas, tuberculosis and actinomycosis, and even pustulent acne and chronic cystitis.

Although a temporary malaise usually followed the administration of the vaccine, this was quickly superseded by a " state of general invigoration " which " is certainly not the result of suggestion." The suggestion is that results were promising in spite of the fact that therapeutic vaccination was (like so many new ideas) grossly misused, for example by inoculation with colon bacilli against chronic urticaria. The authors concluded with some carefully considered remarks, the wisdom of which we realise now: " Vaccine therapy is an invaluable adjunct in the medical and surgical treatment of bacterial infections, but it is a bad substitute for either. " The Physician of the future will be an immunisator." Maybe, but let not the immunisator cease to be a Physician."

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View Day, 1959

View Day was as usual held on the second Wednesday in May, which this year fell on the 13th. This did not bring bad luck, however, for it was the sunniest and warmest day of an exceptional heatwave, which gave the traditional gathering in the square a truly garden party air, though it took its toll in tired feet later in the day.

The ritual took its accustomed course, with the long wait before the signal that tea was served, while everyone talked to the people they talked to everyday anyway, only this time they were wearing their best suits, or Moss Bros. best suits. There were some very fine carnations to be seen, the ladies countering with some super-Ascot hats. There was also a new feature this year in the form of the Bart's Film Unit, who shot some pretty tableaux; notably Mr. Beattie, Mr. Fraser and Mr. Howkins enjoying a joke in one of the shelters.

When the wards were thrown open to the commonalty, the sisters and their staffs were found to have provided as magnificent teas, in as pleasantly decorated wards as always, and the crowds who enjoyed them, and seeing old friends again, were only exceeded by the crowds rushing hither and thither along the corridors, up and down the stairs, and to and fro the different wards and various exhibitions.

Some of these exhibitions were as good as ever, particularly the exhibition of instruments, and the photographic exhibition in the library. The photographs were of uniformly excellent technique, and several first-class landscapes, and " character " studies, either of people or animals, were shown. Brian Collier was the outstanding exhibitor in this group. Of the more unusual, and therefore more arresting photographs were two portraits, one of Mr. Gwyn Evans reclining against a lamp-post holding a bottle of milk in one hand, by Mr. Brian Duff, and another surrealistic one of a group of Bart's temporary postmen taken on the night shift by Dr. Barry Woolmore.

Also in the library an extremely interesting exhibition of old anatomical illustrations was to be seen, and one was amazed to see the collection of books which appeared from the hidden recesses of our library—and we are assured that there are many others. One could not fail to be impressed by Scarpa's pictures of the head and neck and the illustrations by the not so very distant Quain. One may well wonder why the splendour of such art has so steadily disappeared from our textbooks.

The efforts of the Natural History Society to exhibit in the library were feeble indeed. Apart from some rather interesting books on Medicinal Plants, their exhibits were scanty and ill-displayed.

In the Great Hall, a small and most illuminating exhibition was to be seen illustrating some aspects of Bart's long and fascinating history. Fragments found in the present excavation of the tunnel were to be seen, and the story of the site on which the hospital stands illustrated with old maps and prints. In view of the great interest taken in these exhibits, Miss M. V. Stokes has kindly agreed to include a review of this subject in this Journal.

It may be of some interest to say something about the history of View Day. The earliest references are found after the refoundation, to views of properties individually or in groups. An account of View Day, dated 1586, describes how the Governors were summoned to a service at 7 a.m. Now, however, View Day starts at 2.30 p.m.—without a service!

The duty of those governors, the four almoners, who looked after the poor in the Hospital, was established soon after the Refoundation, and they were supposed to go round at least once a week. The first reference to viewnig the poor was in 1610. Now, the procession which visits all the wards is led by the head porter carrying his staff of office. He is followed by the Clerk, Matron, Steward, Treasurer and Governors. In each ward the Treasurer is asked, " Are you satisfied with conduct of this ward?" The Matron is asked, " Are you satisfied with the nursing of this ward?" And he asks the patients: "Does any patient wish to speak to the Governors?"

The patients seemed this year to have been most disappointed that they did not get more than a glimpse of the procession.

The ceremony used to end with a View

Day dinner in the Great Hall. All those interested in the hospital work, the Medical and Surgical Staff, teachers and prizemen were invited. This has been discontinued since 1900.

View Day Ball

The View Day Ball this year was held on Friday 15th March at the Royal Festival Hall. In view of the concert being held there, the Ball did not commence until 11 o'clock, but we were immediately stimulated by Mr. Bill Saville and his orchestra, who never noticeably flagged until after the final medley at 5 o'clock the next day.

The dance floor itself was not too crowded and tables (at which we could relax) were placed around it at a higher level. One noticeable fashion change from previous years was the preponderance of short dresses for the ladies which introduced a modern note in accord with the twentieth century's surroundings. The mere male had to be content with his customary dinner jacket though some tails were seen.

About midnight the restaurant was opened as a buffet which we were able to enjoy whilst looking across the Thames to the floodlit buildings on the north bank; a little later we were entertained with an amusing interlude by the Bert twins. The senior members of the Hospital and Medical School were represented by only one reader enjoying the company of his past and present students. The junior staff as well as clinical and pre-clinical students were well represented. We were able to enjoy a very fine selection of wines though it was regrettable that the extended licence only lasted until 3 o'clock. At this time we were faced with the choice of joining in an eightsome reel or finishing the bottle which caused a rather sudden rise in blood alcohol level.

As the river was being illuminated by the cold blue light of dawn we were able to relax for a little while over bacon and eggs and then back for the final fling on the dance floor terminating in a vigorous post-horn gallop.

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The Calendar

We apologise for the absence of a Calendar this month, but deemed it wiser to have none than one which told of past events.

Abernethian Society

The Society was privileged to hear Sir Vivian Fuchs (for the second time in recent years) on Tuesday, 5th May. For 1½ hours he fascinated a very full house with an account of his epic Transantarctic journey. One was impressed by his delivery which was without attempt to dramatise the undertaking but still gave one the most vivid impression of working conditions at —67° F.

His slides were magnificent, and by the time of the meeting with the Americans at the South Pole, one understood the difficulty that it was "our night, their day." It was also interesting to notice his observations on the usefulness of dogs in such an expedition, falling as he does into a category exactly between Amunsden (who used them for everything) and Scott (who would not).

The audience included, as he observed, a fellow explorer in the person of our own Dr. Marsh, who was one of Hilary's team working towards the pole from the Scott base.

We note with interest that 50 years ago the Journal welcomed Mr. Eric Marshall on his return from Shackleton's 1909 Antarctic expedition. Moreover, at the same time Captain Rawling (whose brother, L. B. Rawling, wrote the well-known "Landmarks and Surface Markings of the Human Body") was at Bart's lecturing on his exploration of Tibet (where among other things he traced the Brahmaputra river to its source). It is good to observe this spirit of adventure still very much alive.

On Wednesday, 14th May, Dr. E. B. Strauss made a very welcome return to the hospital when he addressed the Abernethian Society on "The Anatomy of Treachery". Warmly greeted by the largest audience of the season he dissected treachery first through history and then at the present time. He spoke of the changing concept of treachery from the days when it meant only lack of loyalty to the king and those near him, to the present day when it may mean betrayal of some abstract ideology.

Dr. Strauss also spoke of the relativity of treachery, depending on which side you happened to be on. For instance after the Second World War, Facist Italians fought Italians who supported the Allies, both groups considering their opponents to be traitors. He ended the talk by declaring, at

the risk of sounding pompous and old-fashioned, he said, that the possession of a sound set of moral beliefs was the best way to avoid becoming a traitor.

The last meeting of the Abernethian Society for the academic year was given by Dr. B. Anson, an eminent anatomist from Chicago, who honoured us with his presence during his brief stay in this country. His subject was "Mediaeval Medicine: pre-Christian sources and XVIIIth century survivals", and with a magnificent series of slides he gave us a fascinating picture of some of the ideas and techniques of our predecessors. We were whisked across the centuries from the ideas of Galen, and the Aristotelian elements (held for many centuries) to the new teaching of Harvey and Paré. He treated the early Christian era in a detail which was most interesting, but was very sceptical about its association with medicine. He wondered if perhaps the loss of our more fanciful ideas of Christianity, and the development of automation was one of the reasons why our mental homes were filling ever faster.

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The Film Society

The Valley of Peace

On May 19th The Barts Film Society showed considerable enterprise in giving us one of the first screenings of the Yugoslav film 'The Valley of Peace' in this country.

The film tells the story of two orphan children wandering through war-torn Yugoslavia in search of a hypothetical valley of peace. On the way they are befriended by an American airman who has been shot down and is escaping from German patrols into the mountains. Eventually, the American (a negro) is killed and the children wander on, still looking for their valley.

The theme invites comparison with famous 'Jeux Interdits,' but evokes a more immediate and emotional response, and is w i t h o u t the intellectual overtones of Clements film. It is nevertheless an impassioned plea for peace, occasionally sentimental but deeply felt. There is a certain element of contrived faux-naivete in the way in which the youngest of the two children trots out her bewilderment at the apparantly pointless fighting around her; but the fine acting and obvious sympathies of the director for his subject, transcend the occasional shortcomings.

The 'Valley of Peace' was shown at Cannes a few years ago and was much praised, but has so far been ignored by commercial exhibitors in this country. It deserves better treatment.

We also saw the 'View Day Newsreel' which consisted of some amusing candid camera shots of consultants in tails; and a well made colour film on the 1958 24-hour motor race at Le Mans.

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Medical Services Exhibition

The Second International Hospital Equipment and Medical Services Exhibition held at Olympia in May was of considerable interest to the layman and hospital worker alike. It was of a very manageable size, a virtue rare among modern exhibitions. But there was, unfortunately, a large amount of repetition: endless rows of surgical instruments and clothes, operating tables and lights, sterilising and laundering apparatus, and hospital furniture, made by different manufacturers, but all looking more or less alike, and leaving one with a slight feeling of mental indigestion.

Amongst the instruments, the most interesting were the very old, such as a surgeon's case dating from the Battle of Waterloo; and the very new, many of which demonstrated ingenious simplicity: for example, a bloodless rectal sigmoid mucosal biopsy instrument, which is painlessly operated without anaesthesia: the instrument sucks in a small piece of mucosa of constant size, which is sliced off by an internal blade. Equally ingenious were the self-sealing intravenous needle, an extradural space indicator for lumbar punctures, and others of similar nature.

The latest heart-lung machine was an impressive, if incomprehensible, complex of tubes and pumps. EEG apparatus is a common sight to many, but less familiar is the cortical stimulator, in which recording is made direct from the cortex. To interest the physicist there was a 2,000,000 volt generator

used in radiotherapy, and other ultra-modern X-ray devices.

Aids to nursing included a resistance thermometer apparatus, which, from a distant operator, can give the axillary or rectal temperature of each of up to ten patients, at the touch of a button. For the comfort of the patient, there was interior decorating and design and high class catering —but I think that we have a long way to go before every bed is supplied with one of those beautiful electric blankets.

An exhibition of the evolution of the ambulance proved very amusing. The ambulance was almost 100 years old when in 1882, John Furley, ambulance designer, suggested that each hospital should have ready "a carriage filled with stretchers and surgical or medical appliances" together with "a horse or horses to draw the vehicle". An early ambulance was on show for inspection (and possibly comparison?).

One could not leave Olympia without paying homage to Sir Alexander Fleming. A small exhibition of his life and work, tucked away on the second floor was so typical of the man it portrayed, giving in brief and simple terms the story which revolutionised medical practice. Here indeed, we learn that humility is the essence of greatness.

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ANNOUNCEMENTS

University of Cambridge

M.Chir. Degree, February, 1959

Philip, P. P.

Royal College of Physicians

F.R.C.P.—Dr. H. W. Balime.
M.R.C.P.—Dr. Ida Macalpine.
Dr. H. J. Wyatt.

Royal College of Obstetricians and Gynaecologists

F.R.C.O.G.—Mr. C. Rutherford Morrison.
Mr. L. M. Edwards.
Mr. J. S. MacVine.
M.R.C.O.G.—Dr. M. A. Pugh.
Dr. E. Aldous-Ball.

We offer our congratulations to them all.

Engagements

MILLWARD—WIGHT.—The engagement is announced between John Millward and Wanda Wight.

NEELY—HOWARD-JONES.—The engagement is announced between Dr. Julian Neely and Sarah Ann Howard-Jones.

PHILIP—VAUX.—The engagement is announced between Philip Paton Philip, M.Chir., F.R.C.S., and Julia Vaux.

SIME—PUNCHER.—The engagement is announced between Dr. Michael Sime and Carole Puncher.

TRAPNELL—GRAY.—The engagement is announced between Dr. David Hallam Trapnell and Mary Elizabeth Gray.

Marriage

HASLAM—JEFFERIES.—On May 2, at the Priory Church of St. Bartholomew-the Great, Dr. Michael Haslam to Shirley Jeffries.

Births

BAPTY.—On May 12, to Barbara, wife of Dr. Allan Bapty, a son (Patrick Charles).

DIXON.—On May 3, to Wendy, wife of Dr. John Dixon, a sister for Clive, Ben and Piers.

GRANDAGE.—On May 30, to Sybil, wife of Dr. Christopher Grandage, a daughter.

JORDAN.—On May 12, to Jessie, wife of Dr. Peter Jordan, of Mwanga, Tanganyika, a son (Alastair John) brother for Mary and Catherine.

KELSALL.—On May 2, to Margaret, wife of Dr. A. R. Kelsall, a daughter.

LUSCOMBE.—On May 2, to Ann, wife of Dr. Angus H. Luscombe, a daughter (Hilary Caroline).

NICHOLSON.—On May 6, to Joan and Dr. R. D. Nicholson, a son (David Richard).

THORNE.—On May 26, to Pamela, wife of Dr. Napier Thorne, twins, a brother and a sister for Susan and Jane.

Deaths

BARBER.—On April 24, Dr. Percival Ellison Barber, aged 95.

CONTE-MENDOZA.—On May 21, Horacio Conte-Mendoza, M.R.C.S., L.R.C.P., M.R.C.O.G., F.A.C.S., aged 48. Qualified 1941.

Changes of Address

Dr. J. C. J. Stoke,
5, 12th Avenue,
Makelreign,
Nr. Salisbury.
S. Rhodesia.

Dr. W. Norman Taylor,
Medical Officer of Health,
Highworth R.D.C. Offices,
Bath Road,
Swindon.
Formerly: World Health Organisation, Nigeria.

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Examination Successes

UNIVERSITY OF LONDON

Final M.B., B.S. Examination, April, 1959
Pass

Birt, A. M.
Davies, D. G.
Johnson, T. O.
Patterson, M. J.
Wills, G. T.
Brown, E. M.
Hayle, T. H.
Lewis, J. H.
Sime, M. O.
Woolmore, M. J. F.
Castleden, L. S.
Hill, B. D. G.
Owens, J.
Tyrrell, M. J.
Wright, D. S.

Supplementary Pass List

Part I
Berry, W. H. C.
Chambers, R. J.
Gould, A. M.
Hudson, M. J. K.
Marshall, R. D.
Roberts, C. P.
Thomson, R. G. N.
Winch, R. D.
Bonner-Morgan, R. P.
Dobson, J. L. C.
Gould, W. A.
John, R. W.
O'Hanlon, N. M. P.
Robinson, J. S.
Tooby, D. J.
Burbidge, B.
Fox, G. C.
Harris, D. M.
McGrath, M. B. J.
Plant, J. D. C.
Roden, A. T.
Townsend, J.

Part II
Bonner-Morgan, R. P.
Stubbings, R.
Warrander, A.
Brookes, B. M.
Sugden, K. J.
Chambers, R. J.
Thompson, A. J.

Part III
Bonner-Morgan, R. P.
Dymond, G. S.
Sugden, K. J.
Brookes, B. M.
Gould, A. M.
Thompson, A. J.
Chambers, R. J.
Stubbings, R.

Part IV
Dobson, J. L. C.
Warrander, A.

Journal Staff

J. D. Scobie has completed his term of office as Editor. We owe him our sincere thanks for the hard work he has put into the Journal, and wish him every success in the career which lies before him.

He is to be succeeded by P. J. Watkins.

OBITUARY

After qualification F. R. Eddison elected to undergo a lengthy residential apprenticeship at Addenbrookes', Cambridge, and at the Royal Free Hospital where he held the post of Senior R.M.O. for some years.

Once he had decided to settle in General Practice he stayed put for over half a century. Characteristically he chose an ancient unspoilt Market Town in a N. Yorkshire Dale, for he admired the outspoken candour of the farming community in that countryside.

The generosity of his nature was made evident by the fact that, although he was Senior Partner in a Medical Firm for very many years, he insisted on sharing both the harder work and the profits on an equal basis with his Juniors.

His delight in good horses made him continue to drive a fine pair long after it would have saved expense and time to have changed to motoring. I fancy that he was never bored by long country drives, as long as he could watch the action of his favourites.

Friendly chaff was the method by which he established human contacts, but everyone realised that misfortune aroused immediately a practical form of sympathy. I did not know many of his patients, but of those I did, one and all, took it for granted that he would do his uttermost in any case of difficulty. His manner showed equal sympathy, whatever the financial or social status, and this, I take it, is one great secret of real success in a farming centre.

Dr. Pickles who made such a name for himself for his work on the spread of Epidemic Disease, served his apprenticeship under Dr. Eddison in the Bedale Practice.

Eddison suffered a prolonged crippling last illness, but, I am told, he was invariably cheerful and sparing of trouble to those who attended to his needs.

A.E.N.

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The Hospital Precincts

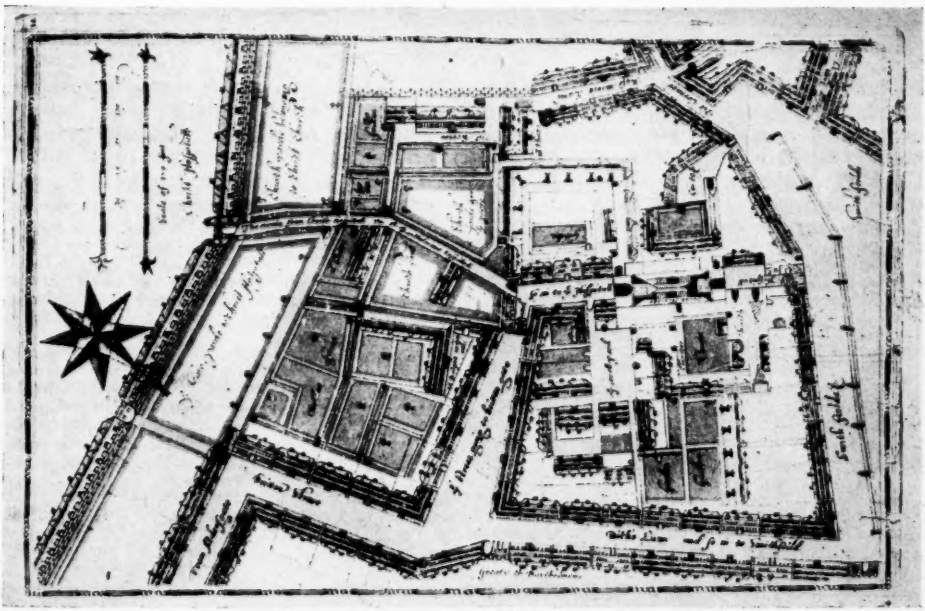
by Miss M. V. Stokes

So many people were interested in the theme of this year's View Day Exhibition of Archives that it has been decided to publish in the Journal an outline of the history of the Hospital's site. This can only be a brief description, partly because of space, partly because many problems have still to be unravelled. For the mediaevel period information can be drawn from the "Liber Fundacionis," the XV century Cartulary, and from references in the hospital's deeds; we can also rely on the evidence of the 1617 Plan. After the Refoundation there is more documentary evidence, and from the mid XVIII century there is a good series of plans of the whole precinct as well as of individual houses. None the less a great deal of research remains to be done and so this is but a sketchy outline.

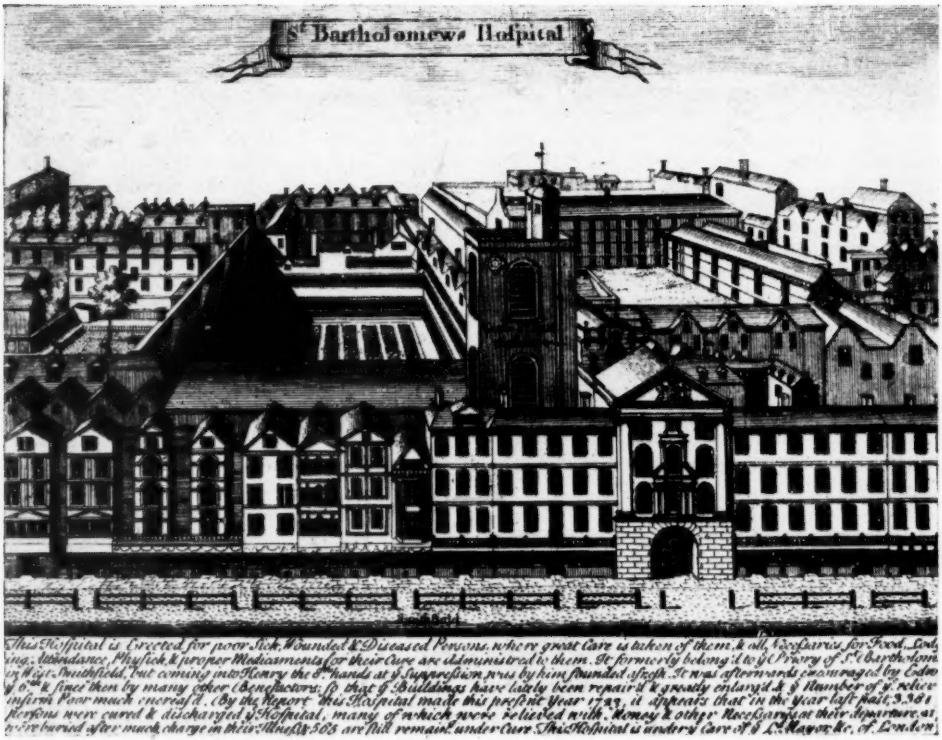
The place named by St. Bartholomew in Rahere's vision lay outside the City Wall, an open space belonging to the King. Much of it was "foul and very like a marsh" but some parts were higher and it was on this firmer ground that Rahere began to build his twin foundations, Hospital and Priory, separated by the lane called Duck Lane or Duke Street and now part of Little Britain. We know little of the first hospital buildings but from casual references in the "Liber Fundacionis" and by comparison with other mediaeval hospitals it can be assumed that the main building would be a hall, perhaps aisled, where the sick would lie and with an altar at one end. There would be housing for the Master, brethren and sisters. As early as 1147 there is a reference to the gate towards the horse market and to a chapel in the midst of the hospital. As the years passed the hospital buildings became larger and more substantial. The evidence of the 1617 Plan is invaluable for there have been no major changes between 1546 and 1617. It shows two main gateways, the Smithfield one, and the Little Britain one, called Tanhouse in 1414. South of the Smithfield Gate lay the largest of the mediaeval chapels, probably that dedicated to the Holy Cross and which became the parish church in 1546. Then came the Great Hall and the Cloisters by it. There were at least two other chapels; that of St. Nicholas was by the cemetery; St. Katherine's may have been a side chapel within the main one; the position of the third, St. Andrew's, is not known. There were more cloisters or courts. Unfortunately it is not possible to say where the various community buildings lay as the Schedule of 1546 lists but does not describe the siting of the parlours, the butteries, kitchens and the rooms for men and women. The hospital buildings did not cover the whole area and we know from the very earliest days the Master and Brethren leased out their land to private individuals. Some of these were people of consequence. Brother John Cok the Renter, writing in his old age, about 1456, gives in the Cartulary a summary of the houses lying amongst and around the hospital buildings. Two tenants were servants of Henry VI, his nurse, Dame Joan Astley and his Clerk of Works, William Cleves. William Markby, whose memorial brass of 1439 is still in the Church, was another tenant living within the Close. There was also after 1445 a grammar school, founded by John de Stafford, who left property to the hospital.

According to the Roll or Schedule of 1546 there were about 40 tenements leased out with 10 gardens, stables and one smithy. The rents varied from 10s. to £4 p.a. One of the tenants, Robert Chydley, had had his rent reduced in 1535 because of his legal services to the hospital and after the Refoundation he continued to act as counsel for many years. After the Refoundation there were many changes; the hospital had to be enlarged to take the hundred patients specified in the Indenture of 1546 and the new Court of Governors embarked upon a policy of increasing the revenue from their property, and rebuilding where necessary. However, the main features of the site remained unaltered. The boundaries of the new parish were more or less those of the hospital

precincts and the parish, inheriting many of the privileges of the Mediaeval Hospital, became a City Liberty. Thus the parishioners, under the supervision of their landlord, the Court of Governors, were responsible for lighting, scavenging, watch and ward, and collecting taxes. The Governors did not neglect their responsibilities and we find them licencing alehouse keepers and tobacco sellers as the entry of 1618 showed, and earlier, in 1588, they drew up a list of the householders and their servants with the arms they were to provide to meet the danger of the Armada. Among the people in this list were Dr. Timothy Bright, physician to the hospital, though better known as the inventor of one of the earliest shorthand systems, and Dr. Syminges, a President of the College of Physicians. Other well known inhabitants include Dr. Caius, the parents of Inigo Jones and Sir Thomas Bodley, the founder of the Bodleian Library. The earliest plan still existing shows Bodley's house near the Little Britain Gate, a fine mansion with a large courtyard and a long gallery. There is a great deal of open ground near his house, laid out in gardens and the cemetery, with the graveyards of Christchurch and Christ's Hospital further to the south occupying the site of the City Ditch. Considering Bodley's wealth and position it is a little surprising to find that on several "views" the Governors reported that his house needed not only minor repairs, such as tiling, but that the "Gable ends into his garden lye open into the Wether soe that the raine beateth in and will rott the flower". On this occasion in 1606 William Allen, the hospital carpenter, and tenant for houses near Smithfield was causing trouble by stacking timber against the Sweat wards' wall and had built a shed against and through the walls so "lettinge in of the Ayre and indaungeringe of the sycke persons"—a good example of the difficulties that arose when shops and houses were interspersed among the hospital buildings. From the parish records, churchwardens' accounts and vestry minutes as well as from the Governers' minutes and rentals the history of the site



Plan of the Hospital in 1617



The origin of the print is obscure but it may well come from later editions of Stow's Survey of London, for it is similar to the other print of this period which appears in the early Stow editions. The inscription beneath the print, of some interest, is as follows:

This Hospital is Erected for poor Sick, Wounded & Diseased Persons, where great Care is taken of them, & all Necessaries for Food, Lodging, Attendance, Physick, & proper Medicaments for their Cure are Administered to them. It formerly belong'd to ye Priory of St. Bartholomew, in West Smithfield, but coming into Henry 8ths hands at ye Suppression, was by him founded afresh. It was afterwards encouraged by Edw'd. ye 6th and since then by many other Benefactors; so that ye Buildings have lately been repair'd & greatly enlarg'd, & ye Number of ye reliev'd infirm Poor much increas'd. By the Report this Hospital made this present Year 1723, it appears that in the Year last past, 3,381 persons were cured & discharged ye Hospital, many of which were relieved with Money and other Necessaries at their departure, 217 were buried after much charge in their illness, & 565 are s
Care of ye Ld. Mayer, &c, of London. *till remaining under Cure. This Hospital is under ye*

The date 1723 is of particular interest, for in that year there appears in the records of the meetings of the governors of the hospital, under July 25th, the following entry: 'The governors present were of the opinion that some part of the house should be immediately rebuilt, and the whole in the process of time. A general plan is to be prepared and laid before the next meeting by a committee of the president, treasurer, and seventeen governors, including James Gibbs' (elected governor earlier in the same year).

Thus this print shows the hospital just as it was prior to the start of the rebuilding in 1730—rebuilding which was to replace most of the buildings seen beyond Little St. Bartholomew in the print, including the old Great Hall, immediately behind the tower of the church, and which was to form the basis of the hospital as we know it today. But then it was a place 'where beggars roamed with all the aplomb of physicians . . .where hawkers surged up the wide staircases carrying beer, sweetmeats, tobacco and foul nostrums, bawling down the wards, out-shouting the patients who screamed back in outrage because they had been interrupted in their current occupation of suffering'; stable-type doors even had to be fitted to keep these pedlars out.

and the lives of the tenants can be traced. Gradually in the XVII century as society moved west from the City the tenants in the Close were increasingly drawn from the middle classes, small merchants, craftsmen, shopkeepers and victuallers. More houses and new wards were built but any large scale development was halted by the effects of the Great Fire; the Precints were not burnt down in 1666 but much of the hospital's valuable property in the City lay in ashes and it was not until 1702 that the hospital's finances were steady enough for the Governors to embark on new schemes. The Henry VIII Gateway was then erected and in 1713 new wards were built. There is a print of this time showing the new gateway and behind it the old Cloisters, Church and Hall.

By 1723 the Governors felt that something had to be done. James Gibbs was elected a Governor and included on the building committee that was set up. Nothing happened until 1728 when the committee was enlarged. Gibbs worked on the plans during the winter and these received unanimous approval from the General Court on 24 July, 1729. It was decided to issue an appeal for subscriptions and to set forth the reasons for rebuilding; the preamble stated that the hospital was not large enough to receive all those who needed care, and some of the old wards were too decayed, and that the Hall, Counting House, Admission and Discharging Rooms were not only ruinous but dangerous. It went on to say "the said Hospital by being rebuilt at several times is so irregular that there is scarce any communication between the several parts . . . and by the erecting of buildings intermixed with those of the Hospital . . . the free course of air for the benefit of the poor hath been much obstructed . . . All buildings for the future shall be agreable to one uniform plan." There are several prints in existence issued for this and later subscriptions. The first wing of the Quadrangle, that with the Great Hall, was up in 1732, the last, the East Wing, was finished in 1766, though not in full use until two years later. The Governors had, however, given orders in 1766 that the houses left standing within the Quadrangle should be pulled down to form the "Square and area of the Hospital".

There still remained shops and houses around the outskirts of Gibb's four wings. Some of those facing Giltspur Street were demolished to make way for Hartshorn gate (for carriages) named after the public house that had stood there for over two hundred years. More houses were destroyed behind the West wing to provide space for the library, museum and lecture theatres for the rapidly increasing number of medical students. The Apothecary's shop and laboratory lay to the south of these. They are all clearly shown on the plan in the Charity Commissioners' Report of 1837. Between the Committee Room, now the Steward's Office, and the Smithfield Gate there had been built an office for the Clerk, standing on its own but linked with the Committee Room by a passage. This office was demolished by 1910.

The Governors continued their policy of pulling down houses to make room for the hospital buildings so urgently needed. A casualty or out-patient block with a surgery wing and wards running south from it was built in the N.E. corner of the site in 1842. It still stands and now houses the Physiotherapy Department and the Children's Wards but the old entrance onto Smithfield has been blocked up and the flight of steps removed. At this time the houses along Little Britain were taken over for residential quarters for students; the medical school buildings became more and more inadequate, and eventually the Hartshorn Gate and the shops along Giltspur Street were pulled down to make way for the present Library and Museum which were finished in 1879.

When Christ's Hospital moved out into the country the Governors, after protracted and complicated negotiations, purchased land along the south side of the site. They completed the present Out-Patients Department in 1907, and then the Pathological block in 1909, but the Nurses' Home was not ready until 1923; then only could work begin on the new surgical wards and theatres; finally Gibbs' south wing was demolished and new medical wards set up. Very few houses were left lying along Little Britain and housing hospital staff not private individuals; and they disappeared in the bombing of the last war. Expansion continues but it is now outside the original precincts of the hospital, encroaching upon the site of Rahere's other foundation, the Priory.

Vascular Symptoms in Cervical Rib Syndrome

by MISS C. TELFER

Current textbooks of general surgery have little to say about the cause of vascular symptoms in the cervical rib syndrome. The most usual approach is a long section on the mechanics of compression of structures at the thoracic inlet, and a short sentence to account for the aortic insufficiency.

There are two theories to account for the insufficiency. The first is that the rib interferes with the sympathetic supply to the arteries distal to the axillary. This causes generalised spasm of arterioles and also damage to the wall of the larger arteries. The axillary artery itself is supplied by the periarterial plexus and is not affected.

The second theory is that the rib injures the wall of the subclavian artery. This leads either to formation of mural thrombus which results in production of emboli, or poststenotic dilatation causing turbulent blood flow and again production of emboli.

Aetiology. Todd (1911) was the first to suggest that pressure of a cervical rib or fibrous band produces paralysis of the sympathetic fibres in the lowest trunk of the brachial plexus.

Telford and Stopford (1931) agreed that the sympathetic nerves were damaged at the thoracic outlet. They produced clinical evidence of occlusion of the axillary artery at the insertion of pectoralis major. They put forward the theory that stimulation, not paralysis, of the sympathetic supply to the artery distal to the insertion of pectoralis major causes spasm of the vasa vasorum, with nutritional changes in the vessel wall, and finally thrombosis. They suggested the origin of the stimulation to be pressure by a cervical rib on the abnormally placed sympathetic bundle, and showed by post-mortem dissection that sympathetic fibres travel in the most inferior part of the brachial plexus. But if the sympathetic nerves were compressed it would be likely that the somatic nerves would be compressed also because of their close anatomical relationship in the brachial plexus, yet rarely do vascular and nervous symptoms of cervical rib occur together. Also previous workers had shown that in a case of cervical rib, the sympathetic supply to the arm was scattered throughout all parts of the plexus. As well as this, the theory made no allowance for the fact that chronic compression of nerves produces paralysis not stimulation.

However, Lewis and Pickering (1934) suggested a new theory. Vascular symptoms associated with cervical rib were due, in their opinion, to trauma to the subclavian artery. This trauma might be the result of inflammation following a fracture of the first rib or clavicle, or chronic pressure in the case of cervical rib.

Eden, (1939), reviewed a series of cases of cervical rib with vascular symptoms. From these cases he produced more evidence against the theory of chronic sympathetic stimulation by pressure. He found that in one case the axillary artery was thrombosed above the point where its sympathetic supply was supposed to begin. In another case thrombosis occurred after the removal of the cervical rib and therefore after the removal of the pressure on the brachial plexus.

Eden suggested that these phenomena could be explained by pressure on the subclavian artery by the cervical rib. This pressure either caused dilation of the artery or fibrosis around the arterial wall, and the intimal damage so caused was followed by thrombosis.

Recently, Naylor (1959) published two cases of subclavian aneurysm associated with cervical rib. Sections of the aneurysm showed mural thrombus in each case, and he thought that the purely vascular symptoms in both cases were due to emboli originating from the thrombus.

Rob and Standeven (Sept. 1958) published ten cases of arterial occlusion associated with obstruction at the thoracic outlet. Evidence in favour of the direct vascular origin of symptoms was produced. The disappearance of the pulse was not a constant level in the different cases. In four cases the pulse ceased at the middle of the upper arm, and in

one case no pulse was felt even in the axillary artery, which could not be explained by the theory of chronic sympathetic irritation. Actual arterial damage was evident in most of the cases with blockage by local thrombus with or without embolus formation.

Discussion. The second theory for several reasons seems the better and more logical one.

Chronic compresssion of the sympathetic nerves should lead, in early stages, to spasm of the arterioles. This would probably present as attacks of coldness and numbness in the fingers aggravated by cold. This picture is seldom seen. Later, the prolonged spasm of the vasa vasorum would cause nutritional changes of the vessel wall, thrombosis and gradual obstruction of the main arteries with concomitant development of a collateral circulation. This late stage would give the picture usually seen in cases of cervical rib if there was poor collateral circulation, which is unlikely. However, before the full-blown picture has had time to develop, it is more likely that paralysis of the sympathetic nerves would occur leading to vasodilatation and recovery.

The second theory explains more aspects of the clinical picture. Chronic compression of an artery causes a narrowing of the lumen. Immediately distal to this narrowed section a dilatation develops. Blood is forced at increased pressure through the stenosed portion into a much wider part and this creates turbulent blood flow. Emboli are then formed in the dilatation and are carried down by the blood stream to block the distal arteries.

Chronic pressure on an artery can, of course, damage the arterial wall so that the artery becomes thrombosed without the formation of a dilatation. Emboli are then formed by the breaking up of this thrombus.

Embolic blockage more easily explains the sudden onset of the symptoms—an outstanding feature of most recorded cases of cervical rib. It also explains the severity of most cases as the abrupt onset allows no time for the development of an adequate collateral circulation.

One point which is not explained by the second theory, (direct compression of the artery), is the fact that in the majority of cases the pulse ceases at the junction of the axillary and brachial arteries. This more readily conforms with the first theory. A possible explanation is that the arterial trunk branches at this point causing an embolus to lodge there.

The following case is an ideal one to illustrate the second theory. Compression by a cervical rib caused, in this patient, dilatation of the artery and embolus formation, but damage to the arteries themselves had not yet occurred.

★ ★ ★

Case History

A married woman, aged 34, was referred from another hospital to the Out-patient department in June, 1958, complaining of pain and numbness in the right hand. She was right-handed and used right arm in her work—hammering with a 1 lb. hammer.

Her symptoms began four months ago with sudden onset during work, of pain in wrist, hand and forearm. The pain was alleviated by rest but recurred when work was resumed. About this time the patient also noticed pain in the arm while carrying her shopping basket, which was relieved by putting down the basket and bending the arm. She as sometimes awakened at night by attacks of pain.

Five weeks later there was sudden onset of coldness, numbness and pain in the right arm and hand. This was followed by colour changes, white, blue and red, in the hand and fingers. The coldness remained in the fingers and was made worse by working in the cold. Since this attack she became aware of a small sore area at the tip of her right index finger.

Three weeks before admission the patient noticed a pulsating swelling on the right side of her neck just above the clavicle. Also, she woke up one morning with severe pain in the right shoulder which lasted for one day.

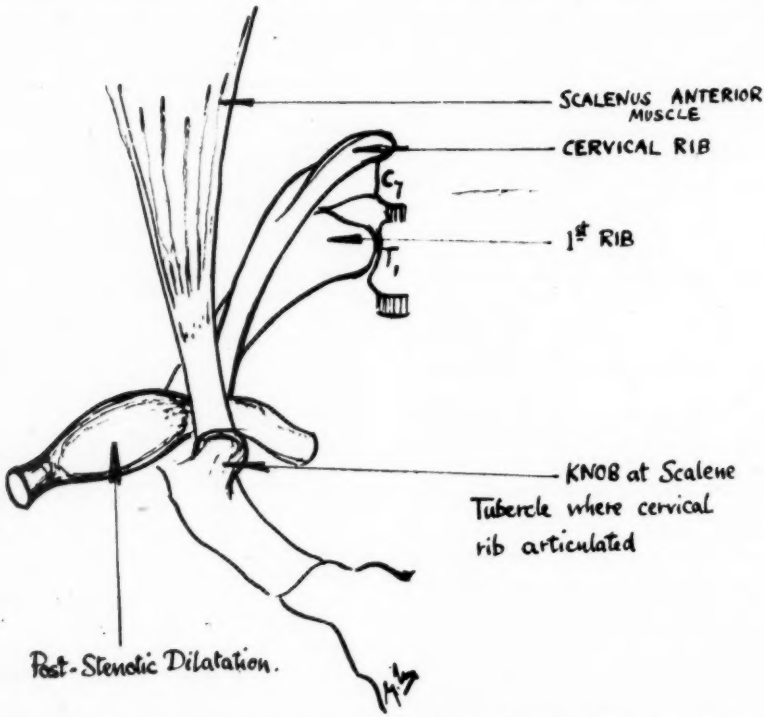
At no time was there any weakness of either arm.

On Examination there was a swelling on the right side of the neck in the supraclavicular fossa. The swelling was pulsatile and there was a blowing systolic murmur over it. Cervical ribs were palpable on both sides of the neck.

The right arm and hand were paler and colder than the left. There was uniform wasting of the flexor muscles of the forearm and of the thenar and hypothenar eminences, shown by even flattening of the contours. There was a small ulcer about 4 mm. in diameter on the tip of the right index finger. On elevation, the right hand and fingers became

pale, and turned bluish-pink on dependence. On the right side, the axillary pulse was present to the level of the origin of the brachial artery. Distal to this point no pulses at all could be felt. In the left arm all pulses were present although the radial and ulnar were weak.

The only other abnormality found on examination was diminution of grip of the right hand. X-ray of the thoracic inlet showed bilateral cervical ribs.



Operation

An incision was made just above the clavicle. Sternomastoid and omo-hyoid were divided. Scalenus anterior was found to have a tough posterior border which appeared to be nipping the subclavian artery behind it. This muscle was also divided. The cervical rib could now be seen articulating by a bony protuberance with the first rib. The subclavian artery was resting on this protuberance and distal to this it widened into a fusiform dilatation. The dilatation was carefully palpated but no thrombus could be felt and the walls seemed quite normal. The cervical rib was removed with some difficulty. Arteriograms were taken and a sympathectomy performed.

Post-operatively the hand was warm and pink. At the time of discharge, eight days after the operation, pulsation was not detected at any further point than previously.

The patient was seen again a month later. There was marked improvement of symptoms although she still had pain in the right thenar eminence when using the elevated arm. There was no sign of the ulcer on the index finger and the right hand was warmer than the left. On examination the brachial pulse was now palpable to the middle of the upper arm but could not be felt between this point and the cubital fossa. Radial and alnar pulses were still absent.

Conclusions

The pain at work was ischaemic muscle pain analagous to intermittent claudication and agina of effort. It was made worse by dragging on the arm causing angulation of the subclavian artery over the cervical ribf The colour changes were characteristic o.

main arterial blockage. The systolic murmur heard over the dilatation showed that the blood flow there was turbulent. The normal condition of the wall of the dilatation precluded any formation of mural thrombus.

The arteriograms show short blocked sections in the axillary, brachial and ulnar arteries. Since these are so localised and since there is neither any sign of thrombosis in the large arteries nor spasm in the smaller ones, it is highly likely that the blockages are due to emboli. The site of the emboli can fully explain the sudden onset of each group of symptoms.

Summary. The theories of the aetiology of vascular abnormalities are reviewed and discussed. A case of post-stenotic dilatation of the subclavian artery due to a cervical rib is described.

Acknowledgments

I would like to thank Prof. Sir J. Paterson Ross for his permission to publish this case and for his help and advice; also Miss Audrey Monk of the library for help with the references.

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Veins and Thiopentone

by A. M. HALL-SMITH

Successful venepuncture is largely a matter of practice. Thiopentone must be given into a vein, and nowhere else. The student, beginning his month of anaesthetics, is at a disadvantage. He hasn't had much practice, and (apparently) no-one has taught him a systematic approach to venepuncture. I'm not being superior; my own efforts must have been more luck than judgment until I arrived as anaesthetics houseman and was taught the following drill by the registrar. The procedure is only commonsense, and is doubtless used unconsciously by all those who make frequent venepunctures. It is presented in no way as a new idea, but as a plea for ordered thought before applying needle to patient.

The five stages of venepuncture for Thiopentone injection are these:

1. Select your vein;
2. Line up your syringe with it;
3. Skin puncture;
4. Venepuncture;
5. Fixation of needle, and injection.

In my experience the most common faults are failure to hold the syringe in line with the vein, and to attempt skin and venepuncture in one movement (often a slow deliberate shove, almost a lean—quite distressing to everybody). Skin is tough, and fine needles go through more easily, but a No. 20 is often too short, and in inexperienced hands there is a risk that it may pierce the vein more than once unless kept very still within the lumen. Tastes vary: my own favourite is an "Evipan" needle for antecubital veins. Skin being tough, and also elastic, pressing the needle steadily against it will stretch it to a certain point, until it suddenly punctures, and the needle rushes onwards into the tissues beneath. A much less painful and neater method is first to put the skin on the stretch, then to place the needle upon it with the syringe slightly angled to it. Now the needle is moved forward QUICKLY, over a SHORT distance, the syringe being lowered parallel to the skin as soon as the movement is begun. By combining forward movement with the lowering, the needle point describes a hooking or scooping movement, moving forward only a few millimetres, but making that movement quite fast. If no puncture has occurred, the movement is repeated at a slightly deeper plane. When puncture does occur, as the needle is now parallel to the tissue planes, it will do no further damage in the rest of its forward movement. With this technique in mind, approach the patient and tackle the vein by stages.

FIRST, select the vein. Do not allow the nurse to squeeze the arm too near to the

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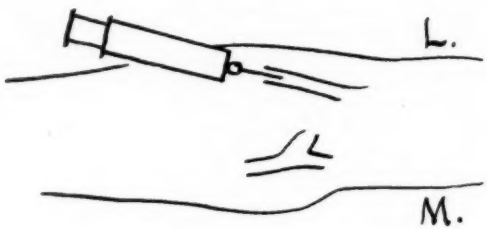

fig 1.

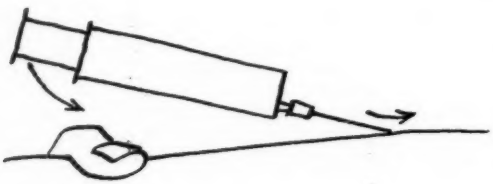

fig 2.

fig 3.

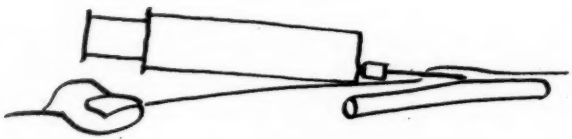

fig 4.

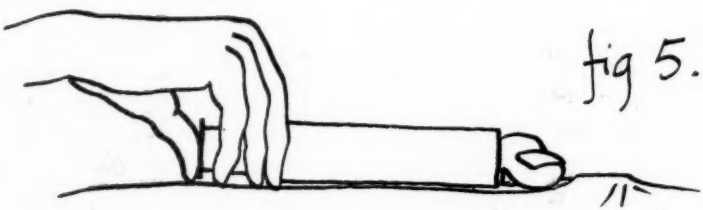

fig 5.

elbow. Spend time on tricks you fancy to distend the veins and clean up the skin. Three veins should be apparent in the antecubital fossa: the medial (basilic) should be eschewed because of the artery directly beneath; the central (anterior communicating) usually runs upwards and laterally, out of danger; the lateral (cephalic) is the best choice, though often the smallest. Always feel for aberrant arteries. A vein that can be seen should be chosen before one that can only be felt. If no veins can be seen, map their course carefully by touch, and be sure you know their direction before the puncture.

SECOND, line up your syringe with the vein. (Fig. 1.) If only a short length can be seen, your skin puncture should be at or just distal to the point where the vein first becomes visible.

THIRD, make your skin puncture. Warn the patient, put the skin on the stretch with the thumb of the left hand, and deftly hook the skin and puncture it in the manner already described. (Fig. 2.) Still in line with the vein, slide the needle forward under the skin a few millimetres, so that it shows white. Superficial to the blue vein beneath. You now know exactly where it is. (Fig. 3.)

FOURTH, the venepuncture. Re-angle the syringe slightly, then travel up the vein's surface with the needle point, in a series of hooking movements, each a little deeper than the last. Watch carefully. The needle point will catch up the nearest wall of the vein, causing it to pucker. (Fig. 4.) Another deft advance, with the needle parallel to the vein (NOT angled to it), will puncture the wall with a slight but perceptible " pop." A continuation of the movement forward will carry the needle a short way up the humen of the vein, where it won't flip out again.

FIFTH, fix the syringe in position and inject. Place the left thumb (which was stretching the skin) FIRMLY over the hub of the needle, pressing it onto the surface of the arm. Aspirate to check that this manoeuvre has not dislodged the needle. Before squeezing the plunger to inject, press it downwards towards the arm beneath sufficiently to cause the needle point to rise, so making a shallow tent of vein and overlying skin along the shaft of the needle. (Fig. 5.) If the needle should now come out of the vein, it will pierce the superficial wall, and the ensuing bleb will be immediately obvious. Watch for this while injecting; if you look up at the patient's face, stop the injection.

Once familiar with the drill, one movement can be smoothed into the next, and even the smallest vein can be tackled with confidence, and this is most necessary for consistant success.

Appreciative

When I think of John Betjeman it is not as a public figure, celebrated poet, lecturer or broadcaster but rather instead as a very warm hearted and modest man who comes tip-toeing down a hospital ward every Thursday, bringing words of cheer and messages of encouragement that is difficult to express in words.

The privilege of a better insight into his remarkable personality arose during a stay of seven dreary months in hospital.

One day when I was idly contemplating the ceiling, I turned my head and a voice was saying: " Here's someone I'm sure you would like to talk to ". At that time I was embedded in pillows in a plaster bed and every sound was deadened so I was unable to catch his name. After about fifteen minutes of general talk which seemed to cover almost everything, I realised that I was with someone who had that human touch which only great men seem to possess.

After he had departed he left a glow; and when he returned every week my life in hospital was greatly enriched.

I have always wondered how to convey what emanated from him, and perhaps the whole character of this very modest man can be summed up when he said, one day: " I feel so humble when I come here and see such courage all around me ".

He, a man whose every moment is accounted for, found time to pass on something of himself to the sick.

" Only the great are humble ": so it has been said.

I salute you, John Betjeman, and leave you in your natural setting of medieval London with its historic hospitals and famous churches.

ALYS JEFFREE

LETTERS TO THE EDITOR

To the Editor of the Journal

Dear Sir,

I would be most grateful if you would bring to the notice of your readers the fact that there are constant requests received at the Dean's office from Barts' men in general practice for the temporary posts of locum tenens and trainee assistant, and for the more permanent ones of assistant.

Many newly registered men and women do apply here for the permanent ones, but very few seem to be interested in the posts of locum tenens or trainee assistant. These offer splendid experience and numerous contacts. Obviously there is great pressure these days on the newly registered to get himself or herself settled quickly but he will find difficulty in moving again when once established, and it behoves him to be sure he is joining a suitable practice.

What could be better than widening one's knowledge a little through these temporary posts before committing oneself to a permanent one?

Yours faithfully,
Adviser in General Practice.

Dunmow, Essex.
March 16th 1959.

Dear Sir,

Thank you for sending me Bart's Journal. I have read with interest the account of U.S. Voluntary Health Insurance plans in the April issue. It is a good description of our Blue Cross-Blue Shield schemes, i.e. hospital and physicians' coverage respectively.

One important point requires correction. The *monthly* premium for a family of four is *now* closer to £4-£5 rather than £2 10s. and this cost is rising rapidly. There seems to be no way to halt the premium increase. Basic hospital costs which include improved hospital care, more extensive diagnostic facilities, drugs, wider use of X-ray and laboratory tests, and wages for non-medical personnel in an expanding economy, are rising annually. Interestingly enough, physicians as a group have not rigged their fees to take advantage of patients' insurance coverage.

There is a very real danger that continued unchecked increases in insurance costs, which are in advance of real income, will force the majority of lower and middle income families out of the insurance schemes altogether.

If and when this happens, voluntary insurance will no longer provide for our medical needs and the people will demand instead a health scheme financed entirely by employers or, alternately, a State plan.

Yours sincerely,
ARNOLD H. SCHEIN,
Associate Professor.

The University of Vermont,
College of Medicine,
Burlington, Vermont.
May 7th, 1959.

BOOK REVIEWS

SURGICAL TECHNIQUE by Stephen Power, M.S., F.R.C.S., 2nd edition. **Published by William Heinemann.** Price 40/-. pp. x + 410. Illust. 198.

In his preface, the author states that the aim of this book is to bridge the gap between the standard text-books, which take the minor surgical technicalities for granted, and the vade mecums, which stop short of them. The book is primarily intended for house-surgeons who, having just qualified, probably know more about operations than operating.

In this new edition, the chapters on the Alimentary Canal, Wounds, Shock and Amputation have been rewritten or revised, and a new chapter on Instruments and Equipment has been added. The style and presentation of the book make it particularly easy to read, and the illustrations are clear and have been well-chosen.

The choice and arrangement of the subject matter has in certain sections been unfortunate. In the chapter on Ducts and Fistulae, the author discusses the choice of a catheter without reference to the specific uses for which certain types are intended. However he does give the practical details in the use of the Foley catheter in a later chapter on Drains.

In a book intended for house-surgeons, it would seem unnecessary to include six half-page photographs showing how to put on sterile gloves. This occurs in the special chapter on Orthopaedic Surgery, written by Mr. David Le Vay.

Students about to do their surgical appointments would certainly benefit by reading this book, but it is no substitute for the practical experience which is acquired in the operating theatre.

A SYNOPSIS OF SKIN DISEASES by Bethel E. Solomons, jun., M.A., M.D., F.R.C.P.L.

This new volume of the Synopsis Series aims at supplying the reader with short notes about a large range of skin conditions. The shortness of the notes and the lack of illustrations do not render the book suitable for the student who is making his first steps in the field of dermatology and therefore needs much more detailed descriptions and, if possible, plenty of coloured photographs, but—as the author himself states in the preface—it is intended for the final year student and the general practitioner. Both of them will find the Synopsis valuable, the finalist because he can refresh his memory before the exams and the practititoner, because he will find adequate answers to the problems arising from his practice. He will find the chapter on Diseases due to Chemical and Physical Agents, and within this chapter the list of external irritants and various drugs causing skin lesions, probably the most helpful.

The well-compiled index makes the rich material easily accessible to anyone interested in this Synopsis.

Sports Day

Reminiscences and Laments

by G. E. FRANCIS

Of all the events in the Bart's calendar which help to lighten the tasks of the academic year for staff and students alike, few can compete with the attractions of the Annual Sports Day at Chislehurst. Admittedly, for many, the journey to Chislehurst is somewhat long and awkward, but given fine weather, and the Athletic Club has usually been lucky in this respect in recent years, the effort of making the journey is amply repaid by an afternoon which must appeal to all tastes, combining as it does the interest of an athletics meeting with the atmosphere of a garden party in the most delightful of sylvan surroundings.

For those who are really interested in athletics there is always the excitement of watching the actual events, some of which every year result in a well-fought finish. There are few years also when there is not at least a chance of one of the existing records being equalled, or possibly broken, and among those who know the abilities of the contestants this naturally lends an additional element of interest to the events concerned. For those whose interest in athletics as such is small (particularly, perhaps, among members of the staff) there is often the encouraging experience of realising that Mr. X, that student who has nearly completed his first year at Bart's without showing any signficant signs of interest in his work, or ability to excel at anything at all, can hare round the track like an express train or hurl a variety of projectiles for fantastic distances, and bids fair to put the name of Bart's on the map in some place where it has never figured before.

By the time Sports Day comes round each year, the groundsman, Mr. White, has invariably tended the ground to such good effect that it has miraculously recovered from the churned up state it acquired during the rugger season, and a very pleasant afternoon could be spent by the unathletically-minded simply sitting, or strolling around enjoying the sunshine and admiring the view, beautiful enough in itself but considerably embellished by the ladies in their bright summer attire, looking like so many colourful butterflies flitting over the green grass. For those that way inclined, a retirement to the bar is always possible, while the excellent tea in the marquee, so well prepared and so charmingly served by the ladies, adds much to the attractions of the afternoon. Then, of course, for those who can spare the time, there is always the dance in the pavilion in the evening.

Invariably, on Sports Day, one can expect to meet old friends, past and present students and members of the staff with whom one has lost contact, and the mutual exchange of notes and reminiscences is not one of the least attractive features of this pleasant social occasion.

Many will be heard recalling the years when the Stainton-Ellis twins jogged happily around the track, and wagers could be laid on which of them would win the three-mile event, in the certain knowledge that the other would undoubtedly win the one mile! Could there have been collusion here? Who too, can forget the elan with which the elder Craggs, after watching the stalwarts putting the shot, remarked: "That looks fun", and without taking off his jacket put down his pint pot and calmly proceeded to win the event! And who was the other spectator (was it Burles?) who picked up the discus after a winning throw and tossed it back to the thrower?

The sight of M. A. C. Dowling hurtling through the air and threatening to overshoot the end of the long jump pit is one which lives in many memories, and, more recently, the sheer grace of Prys Roberts breaking the high jump record. These people make it look so easy! And what of the incomparable Arthur Wint, who was so reluctant to appear an exhibitionist that it required the combined efforts of all the officers of the club, including Mr. Stallard, the existing record holder, to persuade him to break the quarter and half-mile records? Can anyone who saw it ever forget the sight of that perfect, seemingly effortless 9 ft. stride, so ably paced by A. E. Dormer, himself the holder of the one-mile record, as it ate seconds off the records? Even then, though he broke both these records convincingly, he would not take them both in the

same year, and was too great a gentleman to shatter them beyond hope of repair!

And so we come to Sports Day 1959. All the necessary ingredients were there for another perfect afternoon. The weather was fine but not too hot; the green grass, the bar, the marquee, the athletes, all were there. But the spectators! What a dearth of onlookers was there this lovely afternoon! How few to urge on the competitors! How few to enjoy the garden party atmosphere! And quite apart from the pleasures missed by so many, how disappointing for the competitors, and how doubly disappointing for the officers who had laboured so hard to make this afternoon possible, and for the ladies who had prepared the teas for more people than were there to eat them. How can anyone hope to cater properly for a garden party when so few can confidently be expected to attend?

And what of the financial aspects? It takes a large number of programmes at 6d. each and teas at 1s. 6d. to show any significant profit, and with the numbers attending this year both items may well have shown a loss. We were informed by the Dean that the financial straits of the club will not permit the winners of the various cups to receive the miniature replicas they have earned; they must be satisfied with a medal, and cannot even have their names engraved on the cups they have won, due to shortage of funds!

Surely the Athletic Club is deserving of better support than this? Surely sufficient spectators can attend this delightful function to help them out of their present plight? So come on, Bart's! See what can be done next year! Turn up in your hundreds, with your wives, sweethearts, uncles, parents, children and cousins. Bring your friends and neighbours. Bring everyone you can think of, and make it the finest attendance of the century. Never let it be said that Bart's does not deserve so much effort laid out on its behalf on Sports Day again, or such a fine sports ground.

And perhaps, who knows, Bart's might even emulate the Middlesex Hospital, whose announcer was heard calling forth the competitors for the women's hundred yards? Or can the ladies who show such fleetness of foot on the hockey field, and who so monotonously carry off the inter-hospital cup each year, and perhaps other ladies too, go one better and let us have two ladies' events next year?

Indeed, who knows?

Sports Day, 1959

The main highlight of this year's Sports Day came in the 3 miles, which was held on the Wednesday before. In this race, P. Littlewood ran a lone race, twice lapping all but one of the other six competitors to win in a new record time of 15 min. 10.3 sec. For beating this record which had stood since 1939, Littlewood was awarded the President's cup for the best performance of the Sports.

On Sports Day itself the weather was overcast which may have accounted for the very few spectators. In the field events, J. Keri-Nage broke the 1940 discus record with a throw of 116 ft. 4 in., an improvement of some 4 ft. over the previous record. On the track, there were no new records, although C. P. Roberts in a fine run just failed to break the one mile record. Roberts, who had a most successful afternoon, also won the 880 yards and the high jump. Mention must also be made of the great battle on the track, between Miss Janice Swallow and Mr. W. P. Boladz, in the sack race. Boladz won by a narrow margin, so ending Miss Swallow's run of annual successes in this highly technical event.

Physiology of Effort?

The Pre-Clinicals in the Tug-of-War proved to be too strong and too well coached for the Clinicals, and they won by two pulls to one. The winning team were then challenged by the neighoburing Middlesex Hospital (who were holding their Sports on the next ground) and after a great effort the Bart's team were beaten by two pulls to one.

The final result of the inter-year competition was a win for the Pre-Clinical 2nd year with 54 points with the 4-man team Introductory year 2nd with 39.

At the end of the Sports, Mr. D. F. E. Nash commented on the lack of support for an occasion which cost so much to put on both in time and money. Finally, Mrs. Nash presented the prizes, so bringing the proceedings to a close.

In the evening a most enjoyable dance was held in the pavilion.

120 *Yd. Hurdles*:
1. M. Noble; 2. P. Kingsley. Time 18.7 sec.

Javelin:
1. P. Drinkwater; 2. M. Orr; 3. A. P. Ross. Distance 168 ft. 11 in.

1 *Mile*:
1. C. P. Roberts; 2. P. Littlewood; 3. R. Thomson. Time 4 min. 27.4 sec.

100 *Yd.*
1. C. Richards; 2. G. J. Halls; 3. N. Burbridge. Time 10.4 sec.

Housemans 100:
1. Dr. Tabor; 2. Dr. Mitchell; 3. Dr. Pugh. Time 11.8 sec.

Long Jump:
1. G. J. Halls; 2. B. T. Marsh; 3. N. Burbridge. Distance 20 ft. 2½ in.

Shot:
1. J. Keri-Nage; 2. J. E. Stevens; 3. D. Glover.

120 *Yd. Handicap*:
1. T. Powles; 2. C. Bridger; 3. D. Glover. Time 12.6 sec.

440 *Yds.*
E. R. Hillier; 2. G. J. Halls; 3. C. Bridger. Time 53.3 sec.

High Jump:
1. C. P. Roberts; 2. B. T. Marsh; 3. Kingsley. Ht. 5 ft. 3½ in.

220 *Yds.*
1. N. Burbridge; 2. G. J. Halls; 3. E. R. Hillier.

Discus:
1. J. Keri-Nage; 2. P. Boladz; 3. P. Drinkwater. Distance 116 ft. 4 in. Record.

880 *Yds.*
1. C. P. Roberts; 2. P. Littlewood; R. Thomson. Time 2 min 4.6 sec.

Tug-of-War:
Preclinicals 2 pulls, Clinicals 1 pull.

Relay:
1. 2nd year Preclinicals.
2. 1st year Preclinicals.

Inter Year Comp.
1. 2nd year Preclinical—54
2. Introd. Clinical—39

SPORTS NEWS

VIEWPOINT

Confusion may well exist in many people's minds over the action of The Boat Club in withdrawing from this year's Bumping Races. It would therefore seem appropriate to consider the reason for such drastic action.

Rowing is a man's sport. Any who have witnessed the ungainly, indeed the pathetic sight of women attempting to put their whole weight into rowing can be left in no doubt as to the truth of that statement. It therefore follows that the male, proud of his feats of skill and endurance, is extremely hostile towards women intruding into his chosen pastime in any way, other than occasional admiration from the bank.

In case uninformed people consider these views outmoded it is as well to add that the rules of the Amateur Rowing Association as amended last year specify that women are not allowed to participate in men's rowing in any capacity.

The decision of the United Hospitals Rowing Club to allow women to cox in this year's Bumping Races was therefore anathema to the Saint Bartholomew's Hospital Boat Club and it was felt that there could be no alternative except to withdraw from the Bumping Races.

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ROWING

Chiswick Regatta

The Bart's 1st VIII, being frustrated in their intentions of making a first bump earlier in the week, it was hoped to salvage some of our reputation in the Junior Senior Eights event at Chiswick.

Barts drew Vesta and Thames and were rowing from Mortlake to Chiswick on the Middlesex station. After a rather rushed start they settled down for about a minute and a half to row well but the other crews had gained half a length. Reason was then thrown to the winds and a mad rush ensued. The other crews drew further away, and half a length down at Guntin Boathouse had become two and a half lengths at the finish.

Bow: D. E. L. King; 2. H. M. B. Busfield; 3. A. J. Lines; 4. G. M. Besser; 5. T. W. Meade; 6. P. W. A. Mansell; 7. B. R. Middleton; Str. W. S. Shand; Cox A. R. Gooch.

The United Hospitals Bumping Races

For reasons given in The Viewpoint, the Boat Club withdrew the first, second, third and fourth eights from the Bumping Races. The fifth, Rugger eight however, was permitted to row as they were only concerned with the Bumping Races and in no other rowing capacity. Unfortunately the crew was denied any opportunity to show its racing ability owing to the non-appearance of Guys III on the first night, St. Bartholomews IV on the second night and the Middlesex II on the last night. No reason was given for the non-appearance of the Guys crew; Middlesex II withdrew as a result of an adverse decision concerning the previous night's racing. The Rugger boat therefore went up three places without having to row more than 15 strokes on each occasion. It must be added that a private combat with Westminster II proved St. Bartholomews V to be faster by 1½ lengths over 5 mins. rowing. The Rugger eight are therefore to be congratulated upon their endeavour and prowess and it has been decided that a suitably painted oar shall hang over the bar at Chislehurst.

Crew: Bow, J. K. Bamford, 2. J. W. Hamilton, 3. D. F. Gibson, 4. J. C. Chepner, 5. B. O. Thomas, 6. J. D. Thomson, 7. D. Gen, Str. G. Diamond, Cox, G. W. T. Renn.

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CRICKET

1st XI v. London House, at Chislehurst, on April 27th. Drawn

After seemingly in the very jaws of defeat, we practically forced a win, and came out of the match with more credit than we deserved. In the first 45 minutes we lost 8 wickets for 36 runs, on a very wet wicket. But we were saved from disaster by a very stout partnership between Harvey and Savage, who put on 79 runs. The opposition did not have a strong batting side, and never looked like making the runs, although they managed to stave off defeat. Davies and Harvey both bowled well.

Bart's 120 (Harvey 53, Savage 47).
London House 80—9 (Davies 5-35, Harvey 4-28).

1st XI v. U.C.H., at Chislehurst on May 2nd. Won by 4 wickets.

The opposition batting first. We managed to bowl well enough to restrict the rate of scoring on a good wicket, and so give our batsmen a chance to score the necessary runs. Garrod bowled very economically, only giving away 24 runs in 13 overs. Stoodley impressed on his first appearance. Abell batted well, and Walker, another newcomer, looked extremely good.

U.C.H. 134—4 declared.
Bart's 135—6 (Abell 44, Harvey 21, Walker 21).

1st XI v. Putney Eccentrics, at Chislehurst, on May 3rd. Match drawn (rain).

This match, which would have been the first real test of our bowling ability, was unfortunately ruined by rain. As the opposition batted first, we fielded for over three hours in a steady drizzle. Our bowling and fielding suffered accordingly, and they scored 217—6, one of them scoring a century. As we opened our innings the rain became heavier and the match was abandoned.

Putney Eccentrics 217—6 declared.
Bart's 8—0.

1st XI v. R.A.M.C. Crookham, at Chislehurst, on May 9th. Match drawn.

An unsatisfactory match. We batted first, scoring 168—9 before declaring. Walker and Juniper both batted well, Walker being particularly severe on the bowling. The opposition never accepted the challenge and were content to play out the rest of time.

Bart's 168—9 declared (Walker 35, Juniper 33, Pagan 24, Stoodley 20 n.o.).
R.A.M.C. Crookham 114—3.

1st XI v. Hampstead, at Hampstead, on May 10th. Lost by 8 wickets.

This is a match everyone except our treasurer thoroughly enjoyed. We batted well against a strong bowling side, and the size of the defeat was really due to one powerful member of the opposition, G. Goonesena, who a few weeks previously had taken a number of Indian tourist wickets. Of our batting, Juniper, Walker, Harvey and Stoodley all batted extremely well. Goonesena was shown very little respect, in particular by Stoodley, who scored 18 off one over. Facing a total of 172, Hampstead lost both openers for 49, but Goonesna and Winn came together, and after Goonesena was dropped off a "sitter" when 30, knocked off the runs in double quick time, the last 50 coming in 15 minutes, mainly from Goonesena who played a number of superb strokes. It was an education to watch him.

Bart's 172 (Harvey 38 n.o. Juniper 32, Stoodley 30, Walker 23).
Hampstead 176—2 (Goonesena 76 n.o.).

1st XI v. Romany, at Chislehurst, on May 17th. Match drawn.

We took the field with a very weakened side and were lucky to escape with a draw. The highlight of the day was a very fine innings by our captain, Harvey, who came very close to scoring the first century for Bart's for many years. The Bart's fielding was appalling, so allowing their opponents to set us a big target. The start of our innings was disastrous, 3 wickets falling for 12 runs. But Pagan and Harvey came together, and batted very sensibly against a varied attack. They put on 101 runs, and after Pagan was out, Harvey continued to bat very well. We managed to force a draw.

Romany 221—5 declared (Harvey 4-59).
Bart's 196—7 (Harvey 97, Pagan 52).

Oxford Weekend.

1st XI v. Brasenose College, on May 22nd. Lost by 58 runs.

A disappointing result, where our batting failed to do itself credit. On a wet wicket, we did well to dismiss a strong batting side for 183. Davies and, surprisingly, Abell, bowled well, and the fielding was good. The start of our innings was startling, 34 runs being scored off the first four overs. But this proved to be a flash in the pan, as both opening batsmen were rather unfortunately run out.

The rest of the batting fared very badly, apart from Abell, who played a very forceful innings. This was a match we should have won.

Brasenose College 183 (Davies 4-26, Abell 3-37, Woodley 3-74).

Bart's 125 (Abell 46, Davies 20).

1st XI v. Balliol College, on May 23rd. Lost by 98 runs.

A disastrous defeat, perhaps partly explained by the activities of members of the team the night before. The nocturnal places of habitation varied from a potting shed to a Presbyterian church, and one of our members seemed to spend the night wandering about Oxford on a "borrowed" bicycle. Despite this, our fielding was reasonable though bowling untidy, and they were able to declare. Our perenial enemy Tomkys, with his slow leg breaks then dispatched the cream of our batting. Only Walker, who hit well, and Pagan, who batted soundly while seven wickets fell, played with any confidence. A rather dismal batting performance.

Balliol College 201—7 declared (Abell 3-39).

Bart's 103 (Pagan 30, Walker 25).

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MEN'S TENNIS

In the hospital's Cup match, the 1st VI once more met Guys in the first round. This has happened for the last four years in succession, and as Guys have won the competition for the last six years, it can in all fairness be said that we were unlucky in the draw. The result this year was a deserved win for our opponents by eight rubbers to one, though the result might have been more flattering had the first and second pair held on to winning positions, and the second pair in particular, clinched a couple of match points.

Team: T. B. Duff and D. Richards, A. J. Gordon and A. T. Seaton, J. H. Pennington and C. A. McNeill.

A bleary-eyed team staggered to a defeat by St. Thomas' Hospital following the exacting demands of the View Day Ball. The glorious weather and affability of our hosts made for a most enjoyable afternoon however, and on an equally sunny day, we defeated Charing Cross and Royal Dental Hospital by eight rubbers to one.

A more light-hearted event, once more blessed by cloudless skies, was the mixed doubles American tournament held at Chislehurst on Sunday, 24th of June. By the time each couple had played every other, the sun was well over the horizon. Janice Swallow, aided by Trevor Seaton finally collected the prize.

LADIES' TENNIS

Mid-Season Report

Trials, Wednesday, April 22nd

By courtesy of the weather we managed to hold our trials at College Hall at the third attempt. It was a fine afternoon and an unexpectedly large number of people gathered. We were especially pleased at the Preclinical response and this has spurred us to arrange several second team fixtures.

United Hospitals Tournament

(1st Round)

1st VI v. Westminster Hospital 1st VI (A). April 29th—Won 6—0.

1st couple: A. M. Macdonald, S. Whitaker.
2nd couple: J. Arnold (Capt.), J. Hartley.
3rd couple: P. Kielty, V. Legeard.

This was the opening match of the season and was played at Cobham. Although everyone was still trying to find their touch this was a fairly easy match. Bart's quickly established a lead and when the score stood at 6—0 the Captains agreed that this was decisive and the remaining matches were not played.

1st VI v. Royal Holloway College 1st VI (H). May 2nd—Lost 3—6.

1st couple: A. M. Macdonald, S. Whitaker.
2nd couple: P. Kielty (Capt), J. Clarke.
3rd couple: V. Legeard, A. Varten.

This match was more even than the score suggests and much good tennis was seen. It was not until after tea that R.H.C. established a winning lead, which finally became 6—3.

2nd VI v. R.H.C. 2nd VI (A). May 2nd—Lost 4—5.

1st couple: D. Layton, P. Aldis.
2nd couple: S. Cotton (Capt.), J. Angell James.
3rd couple: C. Lloyd, J. Pitt.

Lost 4—5 but were unlucky not to win 5—4. 1st couple played well in winning all three of their matches, but the 2nd couple showed their lack of previous practice. The 3rd couple took some time to get settled but played well to win their 3rd match.

1st VI v. School of Pharmacy 1st VI (H). May 6th—Won 7—2.

1st couple: A. M. Macdonald, S. Whitaker.
2nd couple: J. Hartley, P. Kielty (Capt.).
3rd couple: D. Layton, P. Aldis.

The fine weather had just arrived and this match was played in brilliant sunshine. The team played well to establish a winning lead of 5—1 by tea-time. The final outcome was 7—2, and a well-satisfied team.

United Hospitals Tournament

(2nd Round)

1st VI v. Middlesex Hospital 1st (A). May 27th—Won 6—1.

1st couple: A. M. Macdonald, S. Whitaker.
2nd couple: J. Hartley, J. Swallow.
3rd couple: J. Arnold (Capt.), P. Kielty.

This match was played partly on our courts as the Middlesex were "at home" for two Cup matches without sufficient accommodation.

The 3rd couple were banished to a court on our side and spent the first 1½ hours battling with their opposing numbers; eventually winning. In the meantime, four matches had been seen through by the other couples and only one lost.

So after an enormous tea 3rds took the field again and won, giving Bart's a lead 6—1.

May 29th-31st v. Cambridge Town.

1st couple: J. Arnold (Capt.), P. Kielty.
2nd couple: A. M. Macdonald, J. Clarke.
3rd couple: D. Layton, P. Aldis.

This must be the first time that fortune has smiled on the tennis tour, enabling us to play—and win—all three matches.

On May 29th one lonesome figure mounted her Lambretta, three others stepped on the accelerator of a Morris Minor and two others waited on the courtesy of British Railways in the hope of finding green fields and pastures new.

When these three variables converged on Cambridge, Newnham was the first site of combat. In spite of exams, they fielded a good team and although the tennis was not brilliant, the match was enjoyed by all, Bart's winning 7—2.

The team reassembled at Homerton the following afternoon where a hard match was played, producing the best tennis of the tour—possibly of the season—Bart's winning 8—1.

The Sunday saw combat ensuing on Girton's courts. The 1st couple had a marathon for 2½ hours, and eventually lost 7—9, 6—4, 8—10. This was a match of scintillating rallies and many match points were survived on both sides before the outcome was final. The rest of the team played well to consolidate a 5½—3½ victory.

Needless to say these matches were interspersed with the other essentials of a successful Cambridge tour, i.e. pubs, punting and parties!

University of London Tournament

1st VI v. King's College "A" (H). May 13th—Lost 3½—8½.

1st couple: J. Hartley, S. Whitaker.
2nd couple: J. Arnold (Capt.), P. Kielty.
3rd couple: D. Layton, P. Aldis.

We went to Chislehurst expecting to meet King's 2nd VI and were rather taken aback to find that "A" meant 1st. However, we had a hard match, with some good play, and the result was not determined until the last two matches were played.

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ATHLETICS

Match v. Westminster Bank and Surrey A.C.

The annual match versus Westminster Bank and Surrey A.C. was held on Wednesday, 6th May, at Norbury.

The result was a satisfactory victory for the club, by 90 points to Westminster's 66 and Surrey A.C. 56. This was the first time for a number of years that the Hospital had won this match. However, one had the impression that the competition was not so strong as in the past years.

On the track we saw the welcome return of C. Prys Roberts who showed his superiority with clear victories in the 1 mile, 880 yards and high jump. He is especially to be congratulated on securing his place in the University team, for whom in Paris he gained a 3rd place in the 880 yards. Roberts was ably supported in the mile and 880 by Peter Littlewood who was 2nd and 3rd in the respective distances. Finally, on the track, Colin Bridger just held off the opposition to win the 440 yards.

In the field, all three throwing events were won by Bart's, with K. Nage easily winning the shot and discus, and D. Glover gaining 1st place in the javelin.

The full results were as follows:
100 *yds*: N. Burbridge, 3rd.
220 *yds*: N. Burbridge, 3rd.
440 *yds*: C. Bridges, 1st.
880 *yds*: C. P. Roberts, 1st; P. Littlewood, 3rd.
1 *mile*: C. P. Roberts, 1st; P. Littlewood, 2nd.
High Jump: C. P. Roberts, 1st; B. T. Marsh, 3rd.
Long Jump: B. T. Marsh, 3rd.
Shot: K. Nage, 1st; J. E. Stevens, 2nd.
Discus: K. Nage, 1st; J. E. Stevens, 2nd.
Javelin: D. Glover, 1st; J. E. Stevens, 2nd.

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GOLF

At the moment, the golf team looks better than it has done for some time. One of the factors being that there would appear to be a certain amount of interest and ability on the pre-clinical side, which could be the basis of a strong team for the next four years.

Our association with the South Herts. Golf Club has been terminated and now we have come to an arrangement with the Mill Hill Club to allow members of the Students Union to play on the course at the following times:

Wednesdays afternoons;
Saturdays;
Sundays;
Starting between 10.00 and 10.30
or after 11.30.

A subscription of half a guinea should be paid to J. A. Garrod.

A.G.M. The president and vice-presidents were re-elected and the following were asked to take office:

Captain: G. F. Abercrombie.
Hon. Sec: J. H. Holland.
Treasurer: J. A. Garrod.

Wed., April 8th—Spring Meeting. The competition, taking the form of an 18-hole Stableford bogey was played over the North Middlesex course. From a fairly good turnout G. F. Abercrombie and A. F. Stewart emerged the winners. It is hoped to hold at least two more open meetings this year, at which we will be very pleased to see as many golfers as possible, no matter whether they are tigers or rabbits.

Wed., May 27th v. The Staff, at Denham. Once again the staff match proved to be a very enjoyable occasion, resulting in a win to Dr. Hayward and his team by seven matches to four. However, this was not really surprising since the singles matches closely followed the usual excellent lunch in the clubhouse. This probably proved a greater

handicap than an allowance of 2 bisques given to the members of the staff! We were particularly pleased to see Dr. Graham once again and hope that he will continue to play in this match for many years to come.

As far as the golf was concerned, the couples were, on the whole, evenly matched. Individual results were as follows:

Mr. Fiddian beat T. P. Stephenson; Prof. Garrod beat J. H. Holland; Mr. Robinson beat G. F. Abercrombie; Dr. Borrice lost to J. Sugden; Dr. Spencer beat C. A. Fuze; Dr. Shooter lost to J. Waller; Dr. Graham lost to A. J. Miller; Dr. Nichol beat J. A. Garrod; Dr. Morell beat J. Hamilton; Dr. Brewer beat A. F. Stewart; Dr. Haywood lost to R. L. Cleave.

Foursomes, over a varying number of holes, were played after tea.

We would like to take this opportunity of thanking Dr. Hayward and his team for a most enjoyable day.

Wed., June 3rd v. V.H.C., at Dehnam. Lost 2½—3½. Team: G. F. Abercrombie (L), J. Sugden (W), R. L. Cleave (L), P. Drinkwater (½), C. A. Fuge (W), J. Sales (L).

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CHESS

The Hospital's Cup was won when we defeated the holders, Charing Cross and Royal Dental Hospitals 4—2 on May 21st. This was a match of startling fluctuations. We started well and had soon secured some useful advantages on several boards, but there followed a gloomy turn for the worst, so that the first results after two hours play were a draw and a loss, D. J. P. Gray losing to last year's London University champion, I. Marshal. There was then a change for the better, R. M. Perry offered his opponent a draw and when this was refused, he forced his way forward with a couple of past pawns, and emerged a comfortable victor. G. Gardos held the present University Champion (R. Polly) to a draw, while A. M. Gould relentlessly reduced his opponent's pieces to nothing. Everything now depended on A. McFarlane; in an almost hopeless position he needed at least a draw to win the match. This proved a most dramatic struggle, and at one time fortunes seemed to change with each move. In a hair-raising finish he at last gained the upper hand, and the cup became ours for the first time in the club's nine year history.

Result:

D. J. P. Gray	0	I. Marshal	1
G. Gardos	½	R. Polly	½
R. M. Perry	1	A. Crompton	0
A. McFarlane	1	B. Burnon	0
A. M. Gould	1	R. W. White	0
R. Harrison (Capt.)	½	A. Rodesano	½
	4		2

This year we won the France Cup (for the winners of a two-stage match between Bart's and Bromley). Mrs. France, whose late husband presented the cup 6 years ago, very kindly arranged for the first part of this match to be played at her house and her very generous hospitality made this a memorable evening for all concerned. The result of this evening was a 7—1 lead to Bart's, and the aggregate score after the return half was 9—6.

In reaching the final of the Hospital's Cup we defeated the Westminster Hospital 3½—2½ with three of the first team missing.

In the London University League I we defeated Battersea Poly 7—1 and narrowly missed beating the London School of Economics, this game ending in a draw (4—4). The other three matches resulted in losses, Queen Mary's College 3½—4½; Imperial College 2½—5½; and U.C.H. 1—7.

The newly-formed second team played three matches in League IV, winning one and losing two.

★ ★ ★

The Sports Editor would like to ask Club Secretaries to be more punctilious about sending in their reports at the correct time, i.e. not later than the last day of each month.

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The role of

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in the treatment of malignant disease

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